



Andy Beshear
Governor

Commonwealth of Kentucky
Finance and Administration Cabinet
LOUISVILLE TAXPAYER SERVICE CENTER
600 W. Cedar Street, 2nd Floor W
Louisville, KY 40202-2310
(502) 595-4512
Fax: (502) 595-4205
www.revenue.ky.gov

Holly M. Johnson
Secretary

Thomas B. Miller
Commissioner

Latonia L. Dooley
Executive Director

ALL VENDORS - - THIS LETTER MUST BE RETURNED

Kentucky Department of Revenue records indicate that you will be a vendor at the **BIG FOUR ARTS FESTIVAL** in **LOUISVILLE, KENTUCKY** held on _____ (*on the weekend after LABOR DAY every year*)_ As a vendor, KRS 139.200 imposes a 6% sales tax upon all retail sales made within the Commonwealth.

If you currently hold a Kentucky Sales and Use Tax Permit, you are to report the activities of this event on that number. Please provide the name as shown on the permit and the Kentucky sales tax permit number in the area designated below. Do not send the payment of the tax due from this event with this letter.

Name as it appears on permit

Kentucky Sales and Use Tax Permit Number

If you are not registered for a Kentucky sales and use tax permit number, you must complete the bottom portion of this letter and return it with payment of the tax due to the address shown on this letter. Make checks or money orders payable to: Kentucky State Treasurer. Please use the envelope provided.

Failure to comply with this request by _____ (30 days after event)_ will result in the issuance of a jeopardy assessment pursuant to KRS 131.150. Such assessment will include all applicable penalties and interest.

If you have any questions, contact the Louisville Taxpayer Service Center at (502)595-4512. The office hours are Monday through Friday, 8:00 A.M. to 4:00 P.M.

Temporary Vendor Sales and Use Tax Return/Processing Document

**Social Security Number / FEIN

010
Tax Type

Business Name

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Month
(1-12)

Year

056 Jefferson
County

006
Type
Return

Total Sales

X .06 =

Total Tax Paid

Date

Taxpayer Signature

Phone Number

****Required. If not provided, an additional fee may be charged for acquiring this information and a Department of Revenue inquiry may be posted to your credit report.

Event Name: **Big Four Arts Festival at Big Four Bridge**

Field Officer Initials: _____